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## STATEMENT OF

FORM 1		ORGANIZATION								Office Use Only									
NAME OF COMMITTEE (in	n full)	(Check if			ple:If the line		, type		121	FE4	М5								
Continuing	J A Ma	jority Par	ty Actic	n C	om	mit	tee	))	CAI	MP	PA(	<b>C</b> )							
ADDRESS (number and street)		5915 Eastman A	venue																
(Check if address is changed)		Suite 100																	
		Midland							MI		Į	48640	)-6824						
		CITY							STATE				ZIP CODE						
COMMITTEE'S E-MAIL ADDRES  (Check if address is changed)		SS (Please provide		ail add	ress)				ı										
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)																	
(Check if address is changed)														ш					
														ш					
2. DATE 04		2012	Y																
3. FEC IDENTIFIC	CATION NU	JMBER	C C003	350462	:														
4. IS THIS STATE!	MENT	NEW (N)	OR	×	ΑN	IENDI	ED (A	۱)											
I certify that I have e	examined th	is Statement and	to the best of	f my kr	nowled	ge an	d beli	ief it i	s true	e, cor	rect	and c	omple	te.					
Type or Print Name	of Treasurer	Jacqueline M. N	ledema																
Signature of Treasure	Jacquel er	ine M. Medema		ı	[Electro	onicall	y Filed	<i>i]</i>	Date	N	и = м 04	/	06	] ′ [		2012			
NOTE: Submission of		ous, or incomplete					_	-				the pe	enalties	of 2	U.S.	C. §4	137g.		
Office Use Only				F	For furt Federal Toll Free Local 20	Election 800-4	n Com 24-953	missior					<b>EC</b> l						